

medcohealth

P.O. Box 736, Pine Brook, New Jersey 07058-0736

Medco Health Solutions, Inc.

# QUARTERLY SUMMARY OF BENEFITS

PAGE  
1 of 2

THIS IS NOT A BILL

SCHMIDT ALVIN C  
1346 WEST DENVER  
WEIDMAN MI 48893

Member Number: 6301  
Group Number: GM00001  
Statement Date: 10/24/03  
Summary Period: 07/01/03 TO 09/30/03  
Provider: G M SALARIED INTEGRATED  
Carrier Number: 1237

If you have questions about your pharmacy benefit, please call Member Services at the toll-free phone number shown on your medical or prescription drug id card.

If you have questions on your medical or prescription drug id card.

Date of Service	Rx Number	Drug Name	Amount Charged	Amount Allowed	Your Responsibility		Benefit Paid	Reason Codes
					Copayment	Not Covered		
ALVIN								
DEPT OF VETERANS AFFAIRS								
07/16/03	0833611	VASOTEC	2.20	2.20	9.29	00.00	12.88	13
07/16/03	0833626	ZOCOR	2.20	2.20	20.25	00.00	15.75	13
07/16/03	0833617	NOVOLIN 70/30	2.20	2.20	30.09	00.00	0.00	15
07/16/03	0833610	LANOXIN	2.20	2.20	9.41	00.00	0.00	15
07/16/03	0833623	TOPROL XL	2.20	2.20	17.49	00.00	7.47	13
07/16/03	0833614	GLIPIZIDE	2.20	2.20	4.51	00.00	0.00	15
07/16/03	0833628	SPIRONOLACTON	2.20	2.20	6.40	00.00	4.20	13
07/16/03	0833609	ALLOPURINOL	2.20	2.20	5.37	00.00	1.11	13
07/16/03	0833622	ZAROXOLYN	2.20	2.20	10.91	00.00	0.00	15
07/16/03	0833625	POTASSIUM CHL	2.20	2.20	5.38	00.00	1.12	13
07/30/03	0838988	COUMADIN	2.20	2.20	19.18	00.00	12.52	13
08/16/03	0833611	VASOTEC	2.20	2.20	9.29	00.00	12.88	13
08/16/03	0833626	ZOCOR	2.20	2.20	20.25	00.00	15.75	13
08/16/03	0833617	NOVOLIN 70/30	2.20	2.20	30.09	00.00	0.00	15
08/16/03	0833610	LANOXIN	2.20	2.20	9.63	00.00	0.00	15
08/16/03	0833623	TOPROL XL	2.20	2.20	17.67	00.00	8.01	13
08/16/03	0833614	GLIPIZIDE	2.20	2.20	4.51	00.00	0.00	15
08/16/03	0833628	SPIRONOLACTON	2.20	2.20	6.40	00.00	4.20	13
08/16/03	0833609	ALLOPURINOL	2.20	2.20	5.37	00.00	1.11	13
08/16/03	0833625	POTASSIUM CHL	2.20	2.20	5.38	00.00	1.12	13
08/16/03	0833622	METOLAZONE	2.20	2.20	6.88	00.00	5.63	13
MEDCO HEALTH LAS VEGAS								
08/29/03	3559307	LASIX	53.25	53.25	52.28	00.00	0.97	13
PATIENT TOTAL			99.45	99.45	306.03	00.00	104.72	
0060757								

## Definition Of Terms

DATE OF SERVICE	Date the prescription was dispensed at your pharmacy.	COPAYMENT	The portion of the amount charged for which you are responsible.
Rx NUMBER	The number assigned by the dispensing pharmacy.	NOT COVERED	The portion of the amount charged which is not covered by your plan.
DRUG NAME	The name of the drug dispensed at your pharmacy.	BENEFIT PAID	The amount reimbursed to the pharmacy or to you.
AMOUNT CHARGED	The total cost submitted for your prescription.	REASON CODES	Refer to the numeric message below the Account Summary on the front of this page.
AMOUNT ALLOWED	The portion of the amount charged which is covered by your plan.		